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ABSTRACT

The report synthesizes and summarizes trends in the numbers and characteristics of persons who have applied to selected health professions schools (i.e., allopathic medicine, osteopathic medicine, dentistry, and veterinary medicine) from 1977 to 1987. It is based primarily on data made available by the professional associations of the schools and practitioners. Applicants in recent years are compared with those in earlier years to determine the extent to which the pool has changed with regard to racial/ethnic composition, gender composition, socioeconomic status of the applicants, and academic qualifications of the applicants. Trends in higher education that may be associated with some of the changes that have occurred in the health professions applicant pool are presented. Some of the findings are as follows: a general decline in applicant numbers; a decline in white male applicants and an increase in female applicants; recent applicants appear to be more affluent than applicants in earlier years; in most disciplines, declines in the applicant pool have been accompanied by a larger percentage of applicants accepted; and increasing undergraduate enrollments have not necessarily led to increased number of health professions schools applicants. Contains 4 references. (SM)

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Changes in the Composition of the Health Professions Applicant Pool: 1977 - 1987

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Division of Disadvantaged Assistance
Bureau of Health Professions
Health Resources and Services Administration
March 1989

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Foreword

One mission of the Bureau of Health Professions (BHPr) is the compilation, analysis, and dissemination of data on health personnel training and practice. Informed policy and decision making require of relevant background information as a foundation. This report contributes to such information by synthesizing and presenting trends in the numbers and characteristics of persons who have applied to selected health professions schools over the past decade. The changing composition of the pool of persons seeking careers in the health professions is of importance to a number of Bureau of Health Professions' purposes but especially to those related to the representation of minorities and women in the health fields.

It is hoped that the information presented herein will be useful in determining the direction of intervention efforts as well as highlighting areas needing further study.

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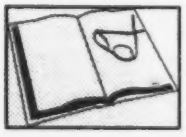

Acknowledgments

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Ms. Ernell Spratley was responsible for planning and coordinating the content, as well as preparation of the report. Mr. Kenneth Stant and Ms. Stacey Williams assembled the microcomputer database for the statistical tables and graphics. Other Staff provided editorial and factual comments.

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Director
Division of Disadvantaged Asssistance

Changes in the Composition of the Health Professions Applicant Pool From 1977 to 1987

INTRODUCTION

During the mid 1970s the numbers of persons applying to health professions schools reached their peak. Subsequent to that time the numbers of persons seeking careers in the health professions have declined steadily and substantially. For example, applicants to schools of allopathic medicine declined by about one-third over the period from 1977 to 1987. The decline in the number of persons applying to dental schools has been especially sharp; there was a 64 percent decline in the number of applicants to these schools during the past decade. Information on applicants to schools of veterinary medicine, available since 1980, indicates that in the relatively short period from 1980 to 1986, the number of applicants dropped by 35 percent. With these declines in the numbers of applicants have come increases in the percentages of applicants who are accepted into these health professions schools. Sixty one percent of all applicants to allopathic medical schools in 1987 were accepted compared with only 39 percent in 1977. Similarly, nearly 80 percent of all applicants to dental schools in 1987 were accepted, up from about one-half in 1977.

Although the increase in the percentage of applicants accepted does not necessarily mean a decrease in the quality of students enrolling in these schools, the fact that the schools currently have a smaller pool from which to select future health care professionals has raised questions and concerns about how this smaller applicant pool compares with the applicant pool of earlier years when schools had a larger number of students to choose from.

Because these declines have been accompanied by an apparent increase in more affluent applicants other concerns have been raised. The Division of Disadvantaged Assistance (DDA), which administers the Health Careers Opportunity Program in the Bureau of Health Professions, is especially concerned that the decline may be indicative of a lessening of access to careers in the health professions for underrepresented minorities* and other economically or educationally disadvantaged individuals.

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*Racial/ethnic groups whose percentages among enrollees in health professions schools are below their percentages among the total population are considered underrepresented. American Indians, Black Americans, and Hispanic Americans are generally classified as underrepresented. However, the Association of American Medical Colleges further disaggregates Hispanic Americans and of these considers only Mexican Americans/Chicanos and Mainland Puerto Ricans to be underrepresented. In this report the underrepresented category includes all Hispanic groups unless it is otherwise specifically stated.

The purpose of this report is to present and describe the changes that have occurred in the characteristics of persons applying to health professions schools since the mid 1970s. This report is based primarily on data made available by the professional associations for the schools and practitioners in the health professions presented. Applicants in recent years are compared with those in earlier years in order to determine the extent to which the pool has changed with regard to racial/ethnic composition, gender composition, socioeconomic status of the applicants, and academic qualifications of the applicants. In addition, this report presents trends in higher education that may be associated with some of the changes that have occurred in the health professions applicant pool. Although it is beyond the scope of this report to determine the causes for the changes that have occurred, the information presented should be useful in providing basic background information on the changing applicant pool for those disciplines for which data are available. It should also help to define the direction for the additional study needed in this area. This report, with its focus on the applicant pool, is intended to provide information on one segment of the health careers educational pathway - those persons seeking careers in the health professions. The Bureau of Health Professions (BHPr) also produces reports presenting data on other segments of the pathway including matriculants and graduates from health professions training programs. Reports produced by BHPr that provide such information on a recurring basis include the Biennial Reports to Congress on the Status of Health Personnel in the U.S. and various editions of Minorities and Women in the Health Fields.

DEMOGRAPHIC BACKGROUND OF APPLICANTS

Race/Ethnicity

As the numbers of applicants to health professions schools have declined over the past decade there have been some notable changes in the racial/ethnic composition of the pool. First, the overall declines in the number of applicants in large part reflects the declines in the number of white students applying to these schools. For example, the number of white students applying to schools of allopathic medicine and osteopathic medicine declined approximately 37 percent and 28 percent, respectively, in the decade from 1977 to 1987. These declines, coupled with increases in the number of applicants from some minority groups have resulted in an increase in the percentage of all minorities in the applicant pool. As table 1 shows, in 1977 about one out of every 8 applicants to allopathic medical schools was from a minority group. By 1987 about one out of every 4 applicants to these schools was from a minority group. However, closer observation of the data indicates that the minority groups that are underrepresented in the health professions have not made substantial numerical gains over this period. As a matter of fact, the actual number of underrepresented minority applicants to allopathic medical schools was lower in 1987 than in 1977. Their increased

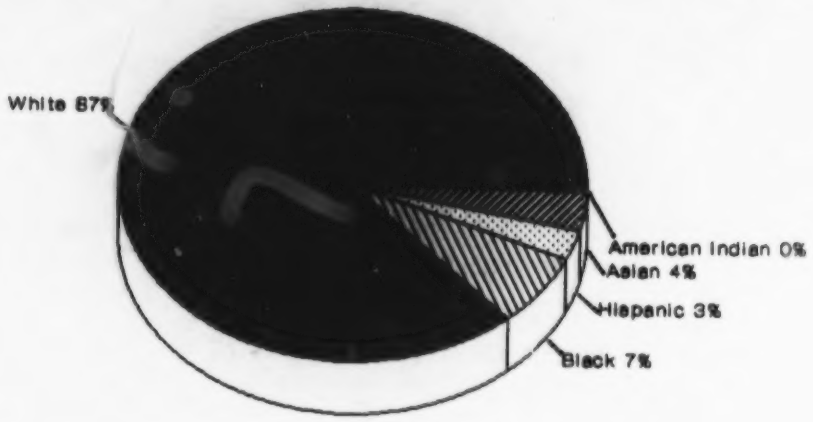
percentage of the total applicant pool over this period resulted from the fact that the number of white applicants declined at a much faster rate than the number of underrepresented minorities. Therefore, the increases in the number of minorities among the allopathic medical school applicant pool have resulted from increases in the number of Asian/Pacific Islanders and the number of Hispanics other than Mexican Americans and Mainland Puerto Ricans.

In 1987 Asian/Pacific Islanders were the largest group of minority applicants and constituted a little better than 10 percent of the total applicant pool (Figure 1).

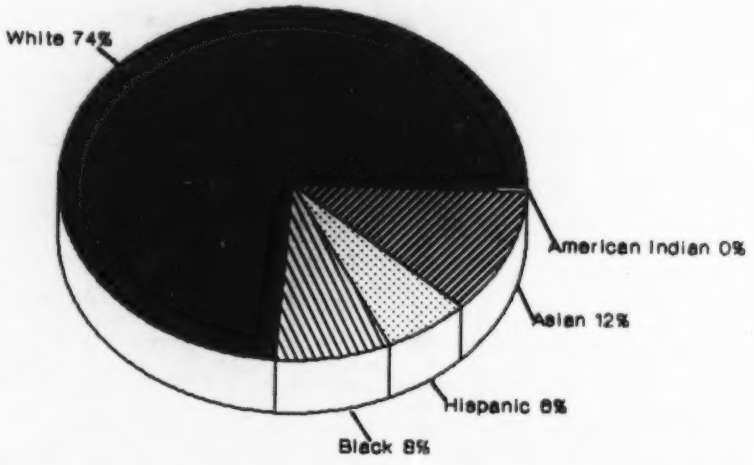
For schools of osteopathic medicine the number of applicants from racial/ethnic minority groups increased substantially over the decade while the number of white applicants declined about 28 percent. Whereas in 1977 about 5 percent of the applicant pool for these schools was composed of minority groups, in 1987 minority representation had increased to a little over 19 percent (Figure 2). Unlike applicants to schools of allopathic medicine the number and percentage of minority applicants in all racial/ethnic categories increased. However, as was true for allopathic medical schools, there were differences among the minority groups in the rates of change over this period. The percentage of Asian/Pacific Islanders increased about 6 fold during this period followed by the percentage of Hispanics who increased about 5 fold and American Indians whose representation doubled from 0.3 percent of all applicants to 0.6 percent. Proportionately, Blacks increased the least of all minority groups as the percentage they constituted of the applicant pool increased 82 percent (from 2.8 to 5.1 percent) over the decade.

Information on the racial/ethnic composition of the applicant pools for dental schools and schools of veterinary medicine is available for the years beginning with 1980 and 1981, respectively. As was previously mentioned, the decline in applicants to dental schools has been the steepest of any of the professions for which data are available. During the period from 1980 to 1987, the number of applicants to these schools declined 44 percent. This decline in the number of applicants reflects a decline in the number of white applicants and in the number of Black applicants since the number for all other groups was higher in 1987 than in 1980. While the number of white applicants declined 50 percent during this period and the number of Black applicants declined 35 percent, the number of Hispanic applicants increased approximately 8 percent and the number of Asian/Pacific Islanders increased about 47 percent. The net result of these changes is that the percentage of all minorities among the dental school applicant pool increased from 16 percent of the total in 1980 to 31 percent of the total in 1987. However this increase in minority representation in the dental school applicant pool is not the result of significant increases in underrepresented minorities (Figure 3).

Figure 1.
Percent Distribution of the Applicant Pool for Schools of Allopathic Medicine by Race/Ethnicity

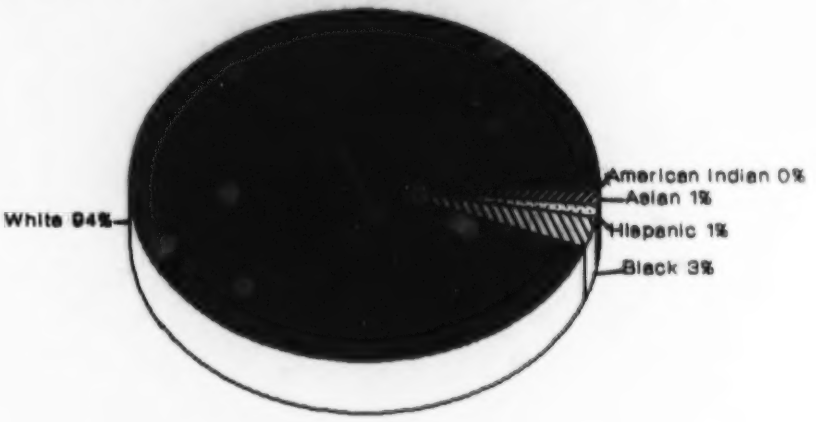


1977

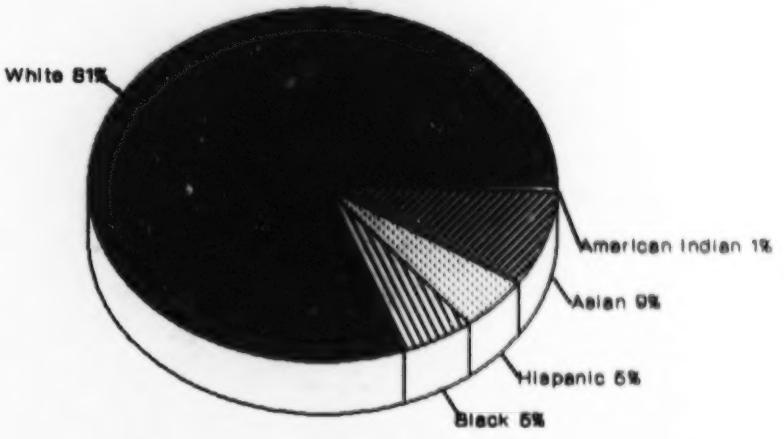


1987

Figure 2.
Percent Distribution of the Applicant Pool for Schools of Osteopathic Medicine by Race/Ethnicity

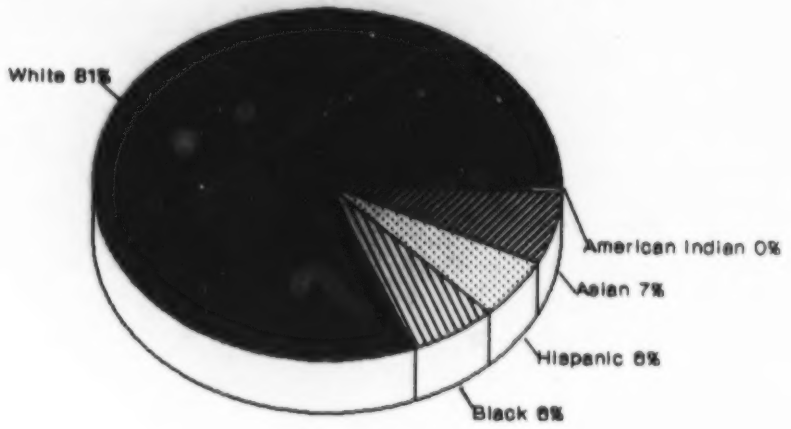


1977

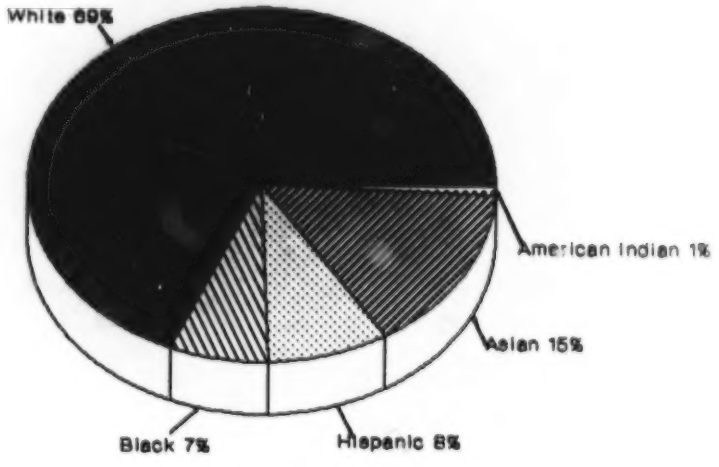


1987

Figure 3.
Percent Distribution of the Applicant Pool for Schools of Dentistry by Race/Ethnicity



1981



1987

Of the professions for which applicant data are available the racial/ethnic composition of the applicant pool for veterinary medicine schools has changed the least of all (Figure 4). In 1981 racial/ethnic minorities constituted about 5 percent of the applicant pool; by 1986 they had increased to about 7 percent of the total number of applicants. This small increase reflects an increase in the number of Hispanic applicants, a substantial decline in the number of white applicants and more moderate declines among all other groups.

Overall, the health professions applicant pool in more recent years is characterized by a larger percentage of minorities. However, this increase does not so much reflect substantial gains in the number of minority applicants as it reflects substantial declines in the number of white applicants. Moreover, the increases that have occurred in the number of minority applicants have not been uniform across all groups. Blacks and American Indians, especially have increased far less in the applicant pool than groups who are not underrepresented.

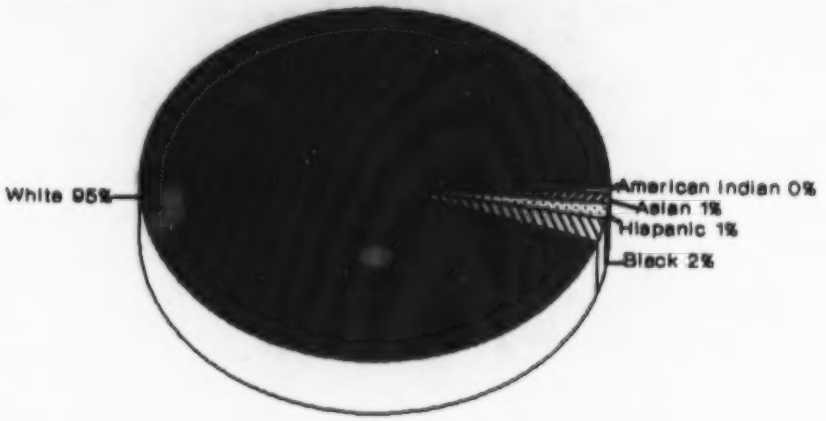
The factors that have influenced the declining interest in health professional careers among white students do not appear to have affected minority students to the same degree. However, even the smallest declines in the underrepresented minority applicant pool result in substantial setbacks in efforts to increase the numbers of such persons enrolled in health professions schools and thus, ultimately retard progress in the goal of increasing their representation among health care practitioners. Further study is necessary to determine the factors that have influenced the differential change by race/ethnicity.

Gender

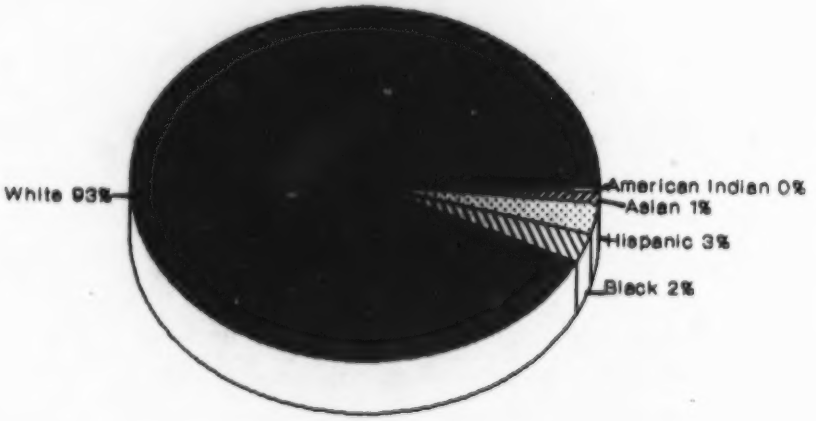
The most notable change that has occurred in the demographic composition of the health professions applicant pool has been the substantial increase in the representation of women (Figures 5 through 8). In 1987 women constituted from 30 to 37 percent of the applicant pool for schools of allopathic medicine, osteopathic medicine, and dentistry, increasing from levels of 20 to 30 percent as recently as 1980. They have constituted the majority of applicants to schools of veterinary medicine since 1983 and in 1986 nearly 60 percent of the applicants to these schools were women (Table 2).

This increase in the representation of women is a result of the growth in the number of women applicants as well as the very substantial declines in the number of male applicants. The number of male applicants to schools of allopathic medicine has declined steadily since 1977 resulting in a total decline of nearly 13,000 male applicants between 1977 and 1987. On the other hand, the number of women applicants to these schools increased until 1985 and even with the declines that have occurred since then, there were about 220 more women in the 1987 applicant pool than in the 1977 pool. Male

Figure 4.
Percent Distribution of the Applicant Pool for Schools of Veterinary Medicine by Race/Ethnicity



1981



1986

Fig. 5. Gender Dist. for Allopathic Medicine Applicant Pool: 1977 and 1987

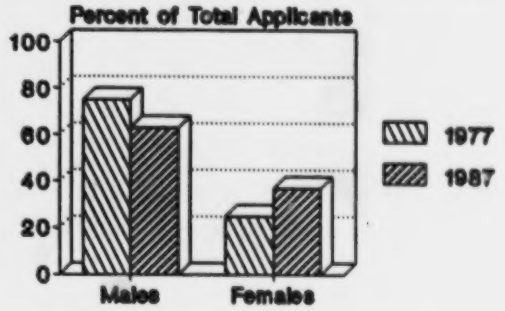


Fig. 6. Gender Dist. for the Osteopathic Medicine Applicant Pool: 1977 and 1987

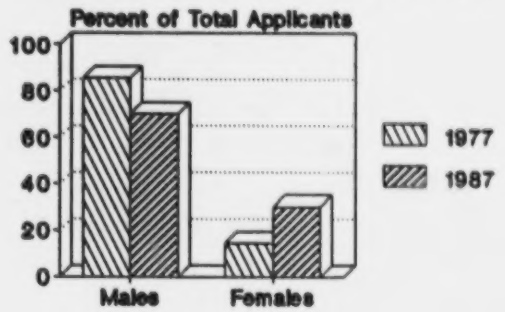


Fig. 7. Gender Dist. for the Vet. Med. Applicant Pool: 1981 and 1986

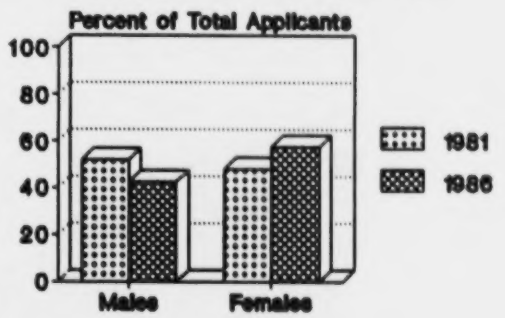
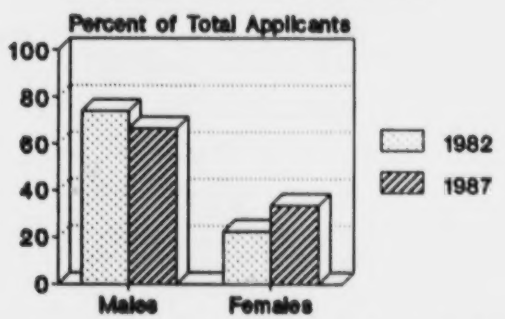


Fig. 8. Gender Dist. for the Dentistry Applicant Pool: 1982 and 1987



Source: See Table 2

applicants to schools of osteopathic medicine declined by more than 1,000 or about 31 percent over this period while female applicants increased by 79 percent. The number of both male and female applicants to schools of veterinary medicine have declined since 1980 (the year for which such information first became available). However, the rate of decline has been much greater among male applicants, who experienced a 50 percent decline between 1980 and 1986, than among female applicants (who declined 16 percent over this period).

Minority females (especially underrepresented minority females) continue to constitute relatively small percentages of the total persons applying to these schools (Tables 3, 4 and 5). Of note, however, is the rapid increase of Asian/Pacific Islander females among the dental and allopathic medical school applicant pools. This group more than tripled in representation among dental school applicants from 1980 to 1987, increasing from 1.8 percent of all applicants to 6.1 percent of all applicants during that period. Similarly, their percentages among applicants to medical schools increased from 1.4 percent to 4.1 percent from 1980 to 1987.

Socioeconomic Status

Historically, the bulk of applicants to medical schools and some other professional schools have come from families who are more affluent than the population in general. However, Black and underrepresented Hispanic applicants are more likely to come from families in the lower income categories. In fact, there has been a continuing concern over the past two decades with the problem of promoting and maintaining access to careers in the health professions for socially and economically disadvantaged students, a large percentage of whom are from racial/ethnic minority groups that are underrepresented in the health professions. Especially in recent years, with the decline in scholarships and grants as important mechanisms for financing professional school education, there is concern that economically disadvantaged minorities and other students will be discouraged from seeking careers in the health professions.

It has been hypothesized by several analysts that increased health professions education costs without sufficient low cost alternatives for financing education will prevent all but the most affluent individuals from pursuing a career in these professions.

There is no way of knowing the number of persons who would have applied but did not because of financial concerns. However, available data on the parental incomes of persons who have applied for admission to medical and dental schools indicate that there has been an increase in recent years in the percent of applicants who come from families in the highest income categories (Tables 6 and 7). For example, in 1981 more than 60 percent of candidates for the Dental Admission Test were from

families with annual incomes of $30,000 or more. By 1987 this percentage had increased to more than 72 percent of all candidates. Moreover, the percentage from families earning $60,000 or more per year increased from 21 percent to 34 percent over this period. This increase in more affluent applicants occurred within all racial/ethnic groups but proportionately it was greatest among Black applicants among whom the proportion coming from families earning $60,000 or more per year increased from 7.5 percent in 1981 to 17.8 percent in 1987.

At the same time that the percentages of dental school applicants from the most affluent families have increased, the percentages of those from families earning less than $20,000 per year have decreased.

Although the declines within each racial/ethnic group in the representation of the poorest applicants has not been as great as the increase in the representation of affluent applicants, they are notable. The decrease in the percentage of applicants from families earning less than $20,000 ranged from 11 percent among American Indian applicants to 35 percent among white applicants.

Changes in the parental income level of medical school applicants are more difficult to assess because of the large differences between 1981 data and 1987 data in the percentages of applicants for whom no information on parental income is provided. The percentages of nonrespondents in 1987 were double to triple those in 1981 and there is no way of knowing how these nonrespondents were distributed among the lower and higher income categories. Nonetheless, it is clear that within each racial/ethnic group there was a notable increase in the percentage of applicants whose parents earned $30,000 or more. These increases ranged from 18 percent for white applicants to 114 percent for Mainland Puerto Rican applicants (Table 7).

To some extent the increase in applicants from more affluent families probably reflects the increase in the percentage of the population in higher income categories during the period observed. As table 8 illustrates, the median family income in the U.S. rose by more than $7,000 during the period from 1981 to 1986. Moreover, the percentage of families earning $50,000 or more doubled among white families, tripled among Hispanic families, and quadrupled among Black families. (Despite these increases a substantial gap still remains between the percentage of white families at these high income levels and the percentages of Black and Hispanic families.) The extent to which increasing income levels among the population contributed to the increase of affluence among health professions school applicants can only be determined from further study.

ACADEMIC QUALIFICATIONS

The criteria that are used to measure the academic qualifications of health professions schools applicants are their cumulative college grade point averages (GPAs) and their professional school admission test (MCAT, DAT, OCAT, etc.) scores. The declines in numbers of applicants to health professions schools have caused some concerns, particularly among professional school educators, that schools may either have to become less selective in order to maintain class sizes or reduce class sizes in order to maintain selection standards. Researchers have noted declines in the GPAs of applicants to medical and dental schools.[1,2] However, the study on medical school applicants also found that the qualifications of the applicant pool, based on MCAT scores, did not diminish between 1981 and 1985 but instead improved slightly.[1]

The grade point averages and admission tests scores of underrepresented minority applicants have always been lower than those of other racial/ethnic groups. The study of medical school applicant qualifications mentioned above indicated no substantial changes in the undergraduate science or overall GPAs for Black or other minority applicants from 1981 to 1985. The percentage of underrepresented minority applicants other than Blacks who achieved GPAs above 3.5 increased slightly while all other racial/ethnic groups experienced slight declines in the percentages with GPAs above 3.5. White applicants were the only group to show a significant decline in GPAs during those years.

Tables 9 and 10 show a downward shift in the undergraduate science and overall GPAs of all Dental Admission Test candidates between 1981 and 1987 with declines in the percentages with GPAs of 3.1 and above and increases in the percentages with GPAs of 2.6 and lower.

HIGHER EDUCATION TRENDS

The relationship between trends in undergraduate enrollments and trends in the health professions applicant pool is not direct since there are many factors that influence who among college graduates will apply to health professions schools. However, the bulk of applicants to health professions schools is derived from the pool of undergraduate enrollments and trends in the status of this group may provide some insights into the changes observed in the health professions applicant pool.

Except for a decline between 1982 and 1984 the number of undergraduate enrollments increased continuously over the decade from 1976 to 1986. Yet the health professions applicant pool, as previously noted, declined during these years. Despite the difference in direction overall there are

some trends in the health professions applicant pool that parallel those in undergraduate enrollments. For example, as table 11 illustrates, while the numbers of women and most minority undergraduates have risen steadily, there have been declines in the numbers of white men and Black men enrolled in college.

Therefore, some of the gender changes in the health professions applicant pool may be related to this decline in the number of men attending colleges as well as to a decline in the rates at which males applied to health professions schools. The decline in the numbers of Black men enrolling in college is especially problematic for efforts to increase their numbers in the health professions.

Although the numerical gains of minority women among the applicant pool of health professions schools have been modest, the numbers enrolled in undergraduate institutions grew substantially from 1976 to 1986. This is especially true for Hispanic and Asian/Pacific Islander women whose numbers increased by 140,000 and 105,000, respectively, over this period.

For both white and minority students the rate of growth in college enrollment has been substantially greater at 2-year institutions than at 4-year institutions. This may be significant to the applicant pool for some health professions. A 1974 study of aspiring health professionals found that only about one in ten aspiring physicians enrolled in two-year colleges, compared with about two-fifths of aspiring dentists, optometrists, and veterinarians. The study concluded that aspiring health professionals who initially attend two-year colleges may be assumed to be the prime group to lower or otherwise change their career aspirations during the college years [3].

PARTICIPATION IN INTERVENTION PROGRAMS

There are no studies available that assess trends in the number of applicants to health professions schools who have participated in intervention programs such as the Health Careers Opportunity Program of the Bureau of Health Professions or programs sponsored by private organizations such as the Robert Wood Johnson Foundation. However, a study conducted by the Educational Testing Service and funded by the Robert Wood Johnson Foundation analyzed the participation in intervention programs among the 1984-85 underrepresented minority medical school applicant pool. That study found that college summer programs and assistance with application were the most useful interventions in getting into medical school in addition to MCAT preparation. The effectiveness of intervention programs for underrepresented minority applicants in that year is further illustrated by the fact that applicants who scored low on the MCAT and yet were accepted into medical school had higher participation rates in college intervention activities than all other applicants who

responded to the survey. The study concluded that for lower scoring applicants participation in intervention activities may strengthen their applications and enhance their chances of being admitted to medical school. Yet less than one-third of the underrepresented minority applicants in that class had access to such intervention programs during their high school and college years.[4]

SUMMARY AND CONCLUSIONS

The decreasing attractiveness of careers in the health professions over the past decade is reflected in a sustained and substantial decline in the number of persons applying for training in these fields. There have been no studies to conclusively determine the reasons for the declining interest of the health professions as career goals. However a number of factors have been offered as reasons for the decline. These factors include the increasing attractiveness of career opportunities in the business and computer fields and in other scientific fields, the high and increasing costs of obtaining a health professions education coupled with a lack of sufficient low cost alternatives for financing that education, and predictions of surpluses in the number of practitioners in some disciplines.

The declines have not been uniform for all segments of the applicant pool. White males, who have historically comprised the bulk of applicants to these schools, have led the declines and are the group for which the declines have been most substantial. In fact it has only been in very recent years that white women applicants and Black applicants have followed in the declines. The numbers of Asian/Pacific Islanders and some Hispanics have continued to increase. As a result of these differential changes the health professions applicant pool in recent years has a higher percentage of minorities than the pool of the mid-to-late 1970s and early 1980s. However, this increase is more a result of the substantial declines in the number of white male applicants than it is a result of substantial increases in the numbers of minority applicants.

A notable change in the health professions applicant pool along with the decline in white male applicants is the increase in the representation of female applicants. The increases in their numbers and the declines in the numbers of men have been such that women currently constitute at least one out of every three applicants to schools of allopathic medicine, osteopathic medicine, and dentistry and more than one-half of applicants to veterinary medicine schools.

The applicant pool (at least for schools of dentistry and medicine) appears to be more affluent in recent years than in earlier years. The percentage of applicants coming from families in the highest income categories has increased considerably since the early 1980s, raising speculation that prospective applicants from low-income families are not applying because of the high costs of education and the difficulty of obtaining low cost financing.

In most disciplines the declines in the applicant pool have been accompanied by a larger percentage of applicants being accepted into health professions schools. Because schools have apparently lost some selectivity in choosing enrollees because of the smaller pool, concerns have been raised about the academic qualifications of the applicant pool in recent years.

While the data for both medical and dental school applicants indicate some decline in college grade point averages since the early 1980s, they are inconclusive in the determination that the current pool of applicants is less qualified. A study of the academic qualifications of medical school applicants indicated that although there was some decline in the percentage of students with grade point averages of 3.5-4.0, academic qualifications as based on the MCAT improved slightly.

Trends in higher education indicate that increasing undergraduate enrollments do not necessarily result in an increasing health professions applicant pool. Nonetheless, increases in the numbers of women, Asian/Pacific Islander, and Hispanic undergraduates have paralleled their increases in the health professions applicant pool while declines in the numbers of white and Black men enrolled in college have paralleled declines in the numbers of men in those two groups applying to health professions schools. This decline in the number of Black male undergraduates is of particular concern because it exacerbates the problem of increasing the numbers of Black men who apply to and enroll in health professions schools.

This report has presented the changes that have occurred in the applicant pool for those health disciplines for which data are available. However, the determination of the reasons for these changes requires further study using a database that would permit the use of regression analysis. That type of analysis would identify significant factors affecting the applicant pool and could thus provide some insight into the direction that intervention activities, if any, should take.

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Table 1

Number and Percent of Applicants to Selected Health Professions Schools by Race/Ethnicity: 1977 through 1987

	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
Allopathic medicine	40,557	36,636	36,141	36,100	36,727	35,730	35,200	35,944	32,893	31,323	28,123
White (non-Hisp)	32,128	29,709	29,333	28,645	28,998	27,816	27,474	27,826	25,076	23,322	20,328
Black (non-Hisp)	2,487	2,564	2,599	2,594	2,644	2,600	2,558	2,620	2,428	2,388	2,203
Hispanic	1,035	1,503	1,591	1,751	1,888	1,828	1,847	2,066	1,939	1,785	1,635
Asian/Pac.Islander	1,318	1,520	1,660	1,774	1,976	2,222	2,325	2,775	2,709	2,992	3,189
American Indian	122	133	151	147	160	137	161	150	125	121	123
Unidentified	3,467	1,207	807	1,189	1,061	1,127	835	507	616	715	645
Underrepresented Minorities **	3,299	3,321	3,380	3,381	3,541	3,453	3,440	3,578	3,321	3,203	2,988
Allopathic medicine	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
White (non-Hisp)	79.2	81.1	81.2	79.3	79.0	77.9	78.1	77.4	76.2	74.5	72.3
Black (non-Hisp)	6.1	7.0	7.2	7.2	7.2	7.3	7.3	7.3	7.4	7.6	7.8
Hispanic	2.6	4.1	4.4	4.9	5.1	5.1	5.2	5.7	5.9	5.7	5.8
Asian/Pac.Islander	3.2	4.1	4.6	4.9	5.4	6.2	6.6	7.7	8.2	9.6	11.3
American Indian	0.3	0.4	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4	0.4
Unidentified	8.5	3.3	2.2	3.3	2.9	3.2	2.4	1.4	1.9	2.3	2.3
Underrepresented Minorities **	8.1	9.1	9.4	9.4	9.6	9.7	9.8	10.0	10.1	10.2	10.6
Osteopathic medicine	3,918	3,530	3,856	3,786	3,885	3,917	4,045	4,126	3,869	3,514	3,318
White (non-Hisp)	3,698	3,299	3,544	3,467	3,523	3,484	3,515	3,633	3,332	2,945	2,676
Black (non-Hisp)	111	116	133	130	138	150	188	136	145	159	170
Hispanic	42	38	56	76	92	128	134	140	170	164	165
Asian/Pac.Islander	55	59	104	98	117	139	171	190	201	215	288
American Indian	12	18	19	15	15	16	37	27	21	31	19
Underrepresented Minorities *	165	172	208	221	245	294	359	303	336	354	354
Osteopathic medicine	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
White (non-Hisp)	94.4	93.5	91.9	91.6	90.7	88.9	86.9	88.1	86.1	83.8	80.7
Black (non-Hisp)	2.8	3.3	3.4	3.4	3.6	3.8	4.6	3.3	3.7	4.5	5.1
Hispanic	1.1	1.1	1.5	2.0	2.4	3.3	3.3	3.4	4.4	4.7	5.0
Asian/Pac.Islander	1.4	1.7	2.7	2.6	3.0	3.5	4.2	4.6	5.2	6.1	8.7
American Indian	0.3	0.5	0.5	0.4	0.4	0.4	0.9	0.7	0.5	0.9	0.6
Underrepresented Minorities *	4.2	4.9	5.4	5.8	6.3	7.5	8.9	7.3	8.7	10.1	10.6

Table 1 -- Continued

Number and Percent of Applicants to Selected Health Professions Schools by Race/Ethnicity 1977 through 1987 (Continued)

	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
Veterinary medicine					6,373	6,181	5,680	5,503	4,961	4,751	--
White (non-Hisp)					5,787	5,820	5,327	5,167	4,621	4,419	--
Black (non-Hisp)					132	113	150	112	108	128	--
Hispanic	(Data not available)				88	105	118	128	125	132	--
Asian/Pac.Islander					57	63	54	66	68	52	--
American Indian					25	27	17	30	39	20	--
Underrepresented Minorities *					245	245	285	270	272	280	--
Veterinary medicine					100.0	100.0	100.0	100.0	100.0	100.0	--
White (non-Hisp)					95.1	95.0	94.5	94.4	93.5	93.4	--
Black (non-Hisp)					2.1	1.8	2.2	1.6	1.9	2.4	--
Hispanic	(Data not available)				1.4	1.7	2.1	2.3	2.5	2.7	--
Asian/Pac.Islander					0.9	1.0	0.9	1.1	1.3	1.1	--
American Indian					0.4	0.4	0.3	0.5	0.8	0.4	--
Underrepresented Minorities *					3.8	4.0	5.0	4.9	5.5	5.9	--
Dentistry	12,837	10,766	10,000	9,601	8,852	7,724	7,128	6,499	6,216	5,724	5,397
White (non-Hisp)				7,251	6,758	5,846	5,318	4,739	4,555	4,130	3,638
Black (non-Hisp)				550	498	464	517	387	400	382	357
Hispanic				410	469	401	400	399	441	435	444
Asian/Pac.Islander	(Data not available)			549	555	569	584	633	643	663	807
American Indian				33	33	34	28	26	20	10	44
Missing				808	539	410	281	315	157	104	107
Underrepresented Minorities *				993	1,000	899	945	812	861	827	845
Dentistry				100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
White (non-Hisp)				75.5	76.3	75.7	74.6	73.0	73.3	72.2	67.4
Black (non-Hisp)				5.7	5.6	6.0	7.3	6.0	6.4	6.7	6.6
Hispanic				4.3	5.3	5.2	5.6	6.1	7.1	7.6	8.2
Asian/Pac.Islander	(Data not available)			5.7	6.3	7.4	8.2	9.8	10.3	11.6	15.0
American Indian				0.3	0.4	0.4	0.4	0.3	0.3	0.2	0.6
Missing				8.4	6.1	5.3	3.9	4.9	2.5	1.8	2.0
Underrepresented Minorities *				10.3	11.3	11.6	13.3	12.5	13.9	14.4	15.7

SOURCE:

Allopathic Medicine -- Association of American Medical Colleges. Minority Students in Medical Education: Facts and Figures IV. March 1988 and Unpublished Data.

Osteopathic Medicine -- American Association of Colleges of Osteopathic Medicine. Annual Statistical Report, 1987.

Veterinary Medicine -- John B. Tasker. College of Veterinary Medicine Michigan State University. An Analysis of Applications to United States Colleges of Veterinary Medicine, 1986.

Dentistry -- American Association of Dental Schools. Applicant Analysis and Unpublished Data.

* Includes Blacks, American Indians, and all Hispanic groups.
** Category includes Blacks, Mexican Americans/Chicanos, Mainland Puerto Ricans and American Indians. Excludes Hispanics other than Mexican Americans/Chicanos and Mainland Puerto Ricans.

Table 2

Number and Percent of Applicants to Selected Health Professions Schools by Gender: 1977 through 1987.

	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
Allopathic med.	40,557	36,636	36,141	36,100	36,727	35,730	35,200	35,944	32,893	31,323	28,123
Male	30,374	27,075	25,919	25,436	25,054	24,045	23,239	23,468	21,331	20,056	17,712
Female	10,195	9,561	10,222	10,664	11,673	11,685	11,961	12,476	11,562	11,267	10,411
Osteopathic med.	3,918	3,330	3,856	3,786	3,885	3,917	4,045	4,126	3,869	3,514	3,318
Male	3,359	2,920	3,091	2,982	2,984	2,952	2,953	2,958	2,767	2,505	2,316
Female	559	610	765	804	901	965	1,092	1,168	1,102	1,009	1,002
Veterinary med.				7,258	6,373	6,181	5,680	5,503	4,961	4,751	N.A.
Male	(Data not available)			4,029	3,311	3,104	2,801	2,590	2,184	1,995	N.A.
Female				3,229	3,037	3,049	2,836	2,866	2,739	2,715	N.A.
Dentistry				9,601	8,852	7,724	7,128	6,499	6,216	5,724	5,397
Male	(Data not available)			7,641	6,887	5,713	5,194	4,768	4,455	3,926	3,596
Female				1,960	1,965	1,722	1,779	1,731	1,761	1,790	1,801
Allopathic med.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	74.9	73.9	71.7	70.5	68.2	67.3	66.0	65.3	64.8	64.0	63.0
Female	25.1	26.1	28.3	29.5	31.8	32.7	34.0	34.7	35.2	36.0	37.0
Osteopathic med.	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	85.7	82.7	80.2	78.8	76.8	75.4	73.0	71.7	71.5	71.3	69.8
Female	14.3	17.3	19.8	21.2	23.2	24.6	27.0	28.3	28.5	28.7	30.2
Veterinary med.				100.0	100.0	100.0	100.0	100.0	100.0	100.0	--
Male	(Data not available)			55.5	52.2	50.4	49.7	47.5	44.4	42.4	--
Female				44.5	47.8	49.6	50.3	52.5	55.6	57.6	--
Dentistry				100.0	100.0	96.3	97.8	100.0	100.0	100.0	100.0
Male	(Data not available)			79.6	77.8	74.0	72.9	73.4	71.7	68.7	66.6
Female				20.4	22.2	22.3	25.0	26.6	28.3	31.3	33.4

SOURCE:

Allopathic Medicine -- Journal of Medical Education. "Datagram." Applicants to U.S. Medical Schools 1977-78 to 1981-82" Vol. 57 Nov. 1982

Osteopathic Medicine -- American Association of Colleges of Osteopathic Medicine. Annual Statistical Report.

Veterinary Medicine -- John B. Tasker. College of Veterinary Medicine Michigan State University. An Analysis of Applications to United States Colleges of Veterinary Medicine. July 1986.

Dentistry -- American Association of Dental Schools. Applicant Analysis 1987 and earlier editions.

Figures by gender may not add to totals because information on gender of some individuals is not available.

Table 3

Distribution of Applicants to Allopathic Medical Schools by Race/Ethnicity and Gender, 1980 through 1987

	1980	1981	1982	1983	1984	1985	1986	1987
				Number				
Total								
Male	25,436	25,054	24,045	23,239	23,468	21,331	20,056	17,712
Female	10,664	11,673	11,685	11,961	12,476	11,562	11,267	10,411
White (Non-Hispanic)	28,645	28,998	27,816	27,474	27,826	25,076	23,322	20,328
Male	20,634	20,196	19,185	18,602	18,668	16,703	15,356	13,151
Female	8,011	8,802	8,631	8,872	9,158	8,373	7,966	7,177
Black (Non-Hispanic)	2,394	2,644	2,600	2,558	2,620	2,428	2,388	2,203
Male	1,446	1,475	1,386	1,313	1,285	1,170	1,133	1,034
Female	1,148	1,169	1,214	1,243	1,335	1,258	1,255	1,169
Hispanic	1,751	1,885	1,828	1,847	2,066	1,939	1,785	1,635
Male	1,153	1,267	1,162	1,170	1,302	1,225	1,108	1,016
Female	598	621	666	677	764	714	677	619
American Indian	147	160	137	161	150	125	121	123
Male	101	108	67	89	96	75	75	69
Female	46	52	60	72	54	50	46	54
Asian/Pac. Islander	1,774	1,976	2,222	2,325	2,775	2,709	2,992	3,189
Male	1,254	1,308	1,466	1,509	1,769	1,735	1,928	2,034
Female	520	668	756	816	1,006	973	1,064	1,155
Not Reported	1,189	1,061	1,127	835	507	616	715	645
				Percent				
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	70.5	68.2	67.3	66.0	65.3	64.8	64.0	63.0
Female	29.5	31.8	32.7	34.0	34.7	35.2	36.0	37.0
White (Non-Hispanic)	79.3	79.0	77.9	78.1	77.4	76.2	74.5	72.3
Male	57.2	55.0	53.7	52.8	51.9	50.8	49.0	46.8
Female	22.2	24.0	24.2	25.2	25.5	25.5	25.4	25.5
Black (Non-Hispanic)	7.2	7.2	7.3	7.3	7.3	7.4	7.6	7.8
Male	4.0	4.0	3.9	3.7	3.6	3.6	3.6	3.7
Female	3.2	3.2	3.4	3.5	3.7	3.8	4.0	4.2
Hispanic	4.9	5.1	5.1	5.2	5.7	5.9	5.7	5.8
Male	3.2	3.4	3.3	3.3	3.6	3.7	3.5	3.6
Female	1.7	1.7	1.9	1.9	2.1	2.2	2.2	2.2
American Indian	0.4	0.4	0.4	0.5	0.4	0.4	0.4	0.4
Male	0.3	0.3	0.2	0.3	0.3	0.2	0.2	0.2
Female	0.1	0.1	0.2	0.2	0.2	0.2	0.1	0.2
Asian/Pac. Islander	4.9	5.4	6.2	6.6	7.7	8.2	9.6	11.3
Male	3.5	3.6	4.1	4.3	4.9	5.3	6.2	7.2
Female	1.4	1.8	2.1	2.3	2.8	3.0	3.4	4.1

Source: Association of American Medical Colleges. Unpublished Data.

Table 4

Distribution of Applicants to Dental Schools by Race/Ethnicity and Gender, 1980 through 1987

	1980	1981	1982	1983	1984	1985	1986	1987
				Number				
Total	9,601	8,852	7,724	7,128	6,499	6,216	5,724	5,397
Male	7,641	6,887	5,713	5,194	4,768	4,455	3,926	3,594
Female	1,960	1,965	1,722	1,779	1,731	1,761	1,790	1,801
White (non-Hispanic)	7,251	6,758	5,846	5,318	4,739	4,555	4,130	3,638
Male	5,926	5,425	4,635	4,148	3,572	3,435	2,985	2,546
Female	1,325	1,330	1,195	1,169	1,167	1,119	1,145	1,092
Black (non-Hispanic)	530	498	484	517	387	400	382	357
Male	354	310	257	281	210	212	201	186
Female	196	185	203	236	177	188	181	171
Hispanic	410	469	401	400	399	441	435	444
Male	304	320	279	263	245	271	255	268
Female	106	147	120	137	154	169	180	176
American Indian	33	33	34	28	26	20	18	44
Male	26	27	29	23	18	13	10	29
Female	7	6	5	5	8	7	8	15
Asian/Pac.Islander	549	555	569	584	633	643	663	807
Male	388	378	399	385	425	407	417	483
Female	161	176	169	199	208	236	246	324
Not Reported	808	539	410	281	315	157	88	107
				Percent Distribution *				
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Male	79.6	77.8	76.8	74.5	73.4	71.7	68.7	66.6
Female	20.4	22.2	23.2	25.5	26.6	28.3	31.3	33.4
White (non-Hispanic)	82.5	81.2	83.0	79.5	76.6	75.2	73.4	68.8
Male	67.4	65.2	66.0	62.0	57.8	56.7	53.0	48.1
Female	15.1	16.0	17.0	17.5	18.9	18.5	20.3	20.7
Black (non-Hispanic)	6.6	6.4	7.2	8.7	7.1	7.7	8.2	8.3
Male	4.0	3.7	3.7	4.2	3.4	3.5	3.6	3.5
Female	2.6	2.7	3.6	4.5	3.7	4.2	4.6	4.8
Hispanic	4.8	6.0	6.1	6.6	7.2	8.3	9.1	10.0
Male	3.5	3.8	4.0	3.9	4.0	4.3	4.5	5.1
Female	1.4	2.1	2.1	2.6	3.2	3.8	4.6	4.9
American Indian	0.4	0.4	0.5	0.4	0.5	0.4	0.4	1.0
Male	0.3	0.3	0.4	0.3	0.3	0.2	0.2	0.5
Female	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.4
Asian/Pac.Islander	6.5	7.1	8.6	9.6	11.2	12.0	13.7	18.1
Male	4.4	4.5	5.7	5.8	6.9	6.7	7.4	9.1
Female	2.1	2.6	3.0	3.8	4.4	5.3	6.3	9.0

* Percentages by race are based on the Total exclusive of those for whom race was not reported.

The sum of male and female for each racial/ethnic group and for the Total may not equal the total shown for each group because the gender of some individuals is not available.

Table 5

Number and Percent of Applicants to Schools of Veterinary Medicine by Race/Ethnicity and Gender: 1981 through 1986

	Number of Applicants					
	1981	1982	1983	1984	1985	1986
TOTAL	6,373	6,181	5,680	5,503	4,961	4,751
Male	3,330	3,122	2,834	2,621	2,204	2,019
Female	3,043	3,060	2,846	2,882	2,757	2,732
White	5,787	5,820	5,327	5,167	4,621	4,419
Male	3,023	2,936	2,660	2,449	2,054	1,872
Female	2,764	2,884	2,667	2,718	2,567	2,547
Black	132	113	150	112	108	128
Male	54	51	70	56	52	57
Female	78	62	80	56	56	71
Hispanic	88	105	118	128	125	132
Male	55	65	72	75	60	64
Female	33	40	46	53	65	68
Am. Indian	25	27	17	30	39	20
Male	15	16	6	17	19	9
Female	10	11	11	13	20	11
Asian	57	63	54	66	68	52
Male	28	23	16	24	19	17
Female	29	40	38	42	49	35
	Percent Distribution					
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Male	52.3	50.5	49.9	47.6	44.4	42.5
Female	47.7	49.5	50.1	52.4	55.6	57.5
White	90.8	94.1	93.8	93.9	93.1	93.0
Male	47.4	47.5	46.8	44.5	41.4	39.4
Female	43.4	46.7	47.0	49.4	51.7	53.6
Black	2.1	1.8	2.6	2.0	2.2	2.7
Male	0.8	0.8	1.2	1.0	1.0	1.2
Female	1.2	1.0	1.4	1.0	1.1	1.5
Hispanic	1.4	1.7	2.1	2.3	2.5	2.8
Male	0.9	1.1	1.3	1.4	1.2	1.3
Female	0.5	0.6	0.8	1.0	1.3	1.4
Am. Indian	0.4	0.4	0.3	0.5	0.8	0.4
Male	0.2	0.3	0.1	0.3	0.4	0.2
Female	0.2	0.2	0.2	0.2	0.4	0.2
Asian	0.9	1.0	1.0	1.2	1.4	1.1
Male	0.4	0.4	0.3	0.4	0.4	0.4
Female	0.5	0.6	0.7	0.8	1.0	0.7

SOURCE: Tasker, John B. An Analysis of Applications to U.S. Colleges of Veterinary Medicine. A Report to the Assoc. of American Veterinary Medical Colleges, July 1986.

Table 6

Percent Distribution of Dental Admission Test Candidates by Parental Income and Race/Ethnicity, 1981 and 1987

Parental Income	Total	White	Black	Hispanic	Asian/ Pacific Islander	American Indian
			1981			
Total	100.0	100.0	100.0	100.0	100.0	100.0
9,999 or less	5.8	3.9	18.2	13.8	8.0	13.8
10,000 - 19,999	12.9	11.0	24.6	24.7	13.8	10.3
20,000 - 29,999	20.4	20.2	20.1	24.7	18.4	27.6
30,000 - 39,999	18.0	19.2	14.1	13.4	13.3	10.3
40,000 - 49,999	12.8	13.7	10.1	6.9	11.4	6.9
50,000 - 59,999	8.9	9.3	5.4	4.0	11.4	6.9
60,000 - 69,999	6.5	6.8	3.2	3.6	8.8	3.4
70,000 - 100,000	8.6	9.3	2.6	5.1	9.6	6.9
Above 100,000	6.1	6.6	1.7	3.8	5.4	13.8
			1987			
Total	100.0	100.0	100.0	100.0	100.0	100.0
9,999 or less	5.9	3.0	12.5	14.6	10.4	14.3
10,000 - 19,999	8.6	6.7	15.6	17.2	9.1	7.1
20,000 - 29,999	12.7	10.9	18.4	18.6	14.4	14.3
30,000 - 39,999	14.0	14.7	14.6	13.7	11.6	7.1
40,000 - 49,999	13.6	14.4	13.4	10.4	12.3	14.3
50,000 - 59,999	10.7	12.0	7.8	7.4	8.6	7.1
60,000 - 69,999	9.2	10.1	7.2	6.0	8.2	7.1
70,000 - 100,000	12.8	13.9	7.5	6.3	13.8	28.6
Above 100,000	12.3	14.3	3.1	5.8	11.5	0.0

SOURCE: American Dental Association. Dental Admissions Test Candidate General Information: April and October 1981 and 1987.

Table 7

Percent Distribution of Medical School Applicants
by Parental Income and Race/Ethnicity, 1981 and 1987

Parental Income	Total	White	Black	Mexican American	Mainland Puerto Rican	Asian/ Pacific Islander	American Indian
				1 9 8 1			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
14,999 or less	15.9	11.7	38.7	36.6	48.4	N.A.	21.1
15,000 - 29,999	31.0	31.3	30.1	32.5	26.6	N.A.	30.1
30,000 or more	39.4	43.1	19.5	20.5	13.6	N.A.	35.8
No Response	13.8	13.8	11.7	10.5	11.4	N.A.	13.0
				1 9 8 7			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
14,999 or less	16.2	3.7	16.1	17.6	14.3	8.5	13.0
15,000 - 29,999	18.4	10.4	17.2	21.5	23.5	11.3	18.7
30,000 or more	35.5	50.9	35.3	37.1	29.1	46.7	44.7
No Response	29.9	34.3	31.3	23.8	33.2	33.5	23.6

N.A. = Not Available

SOURCE: Association of American Medical Colleges. Minority Students in Medical Education: Facts and Figures IV and Journal of Medical Education Datagram "Parental Income in 1981. First Year Medical School Applicants and Accepted Students". Vol58:829-831 Oct. 1983.

Table 8

Percent Distribution of U.S. Families by Total Money Income and Race/Ethnicity: 1981 and 1986

Income	Total	White	Black	Hispanic
	1981			
Total	100.0	100.0	100.0	100.0
9,999 or less	17.3	14.8	38.3	28.0
10,000 - 19,999	26.2	25.7	28.9	32.8
20,000 - 24,999	12.6	13.0	9.6	12.0
25,000 - 34,999	20.2	21.1	13.0	14.4
35,000 - 49,999	14.9	15.7	7.9	9.5
50,000 and over	8.9	9.7	2.1	3.5
Median	$22,388	$23,517	$13,266	$16,401
	1986			
Total	100.0	100.0	100.0	100.0
9,999 or less	12.4	10.2	30.2	23.3
10,000 - 19,999	19.4	18.6	24.5	26.7
20,000 - 24,999	9.8	9.9	9.6	10.8
25,000 - 34,999	18.1	19.2	14.7	16.5
35,000 - 49,999	19.6	20.6	12.4	12.5
50,000 and over	20.7	22.0	8.8	10.2
Median	$29,458	$30,809	$17,604	$19,995

SOURCE: U.S. Bureau of the Census. Current Population Reports. "Money Income and Poverty Status of Families and Persons in the United States, 1986" Series P-60 No 157, July 1987

Table 9

Percent Distribution of DAT Candidates by Cumulative College Grade Point Average and Race/Ethnicity, 1981 and 1987

Overall GPA	Total	White	Black	Hispanic	American Indian	Asian/ Pacific Islander
			1981			
Total	100.0	100.0	100.0	100.0	100.0	100.0
3.6 - 4.0	14.1	15.2	3.7	7.9	19.4	15.7
3.1 - 3.5	45.8	48.6	19.8	37.2	35.5	47.2
2.6 - 3.0	33.8	31.6	50.4	46.2	41.9	32.1
2.0 - 2.5	6.1	4.5	25.5	8.7	3.2	4.8
Below 2.0	0.2	0.1	0.5	0.0	0.0	0.2
			1987			
Total	100.0	100.0	100.0	100.0	100.0	100.0
3.6 - 4.0	10.1	11.5	2.8	6.6	0.0	9.4
3.1 - 3.5	37.5	69.4	18.4	35.0	20.0	38.9
2.6 - 3.0	40.8	39.8	46.0	43.7	66.7	40.5
2.0 - 2.5	11.5	9.1	32.5	14.2	13.3	11.1
Below 2.0	0.1	0.1	0.3	0.5	0.0	0.1

N.A. = Not Available

SOURCE: American Dental Association. DAT Candidate General Information April and October 1987 and April and October 1981

Table 10

Percent Distribution of DAT Candidates by Undergraduate Science Grade Point Average and Race/Ethnicity, 1981 and 1987

Science GPA	Total	White	Black	Hispanic	American Indian	Asian/ Pacific Islander
			1981			
Total	100.0	100.0	100.0	100.0	100.0	100.0
3.6 - 4.0	14.3	15.4	3.8	8.3	22.6	16.8
3.1 - 3.5	39.4	41.8	18.3	32.9	29.0	39.0
2.6 - 3.0	36.2	35.0	43.4	45.0	38.7	36.1
2.0 - 2.5	9.7	7.6	33.7	13.9	9.7	7.7
1.0 - 1.9	0.3	0.2	0.9	0.0	0.0	0.5
			1987			
Total	100.0	100.0	100.0	100.0	100.0	100.0
3.6 - 4.0	10.3	11.5	3.7	6.4	0.0	10.4
3.1 - 3.5	29.9	31.5	18.1	25.5	20.0	31.0
2.6 - 3.0	41.1	40.6	40.5	46.9	60.0	40.0
2.0 - 2.5	17.9	15.8	35.9	19.8	20.0	18.0
1.0 - 1.9	0.7	0.6	1.8	1.4	0.0	0.6

N.A. = Not Available

SOURCE: American Dental Association. DAT Candidate General Information April and October 1987 and April and October 1981

Table 11

Estimated Enrollment in Undergraduate Institutions of Higher Education in the United States, by Race/Ethnicity and Gender: Fall 1976 to Fall 1986

	(Numbers in Thousands)				Difference 1976 - 1986	
	1976	1980	1984	1986	Number	Percent
TOTAL*	9,520	10,560	10,610	10,797	1,277	13.4
Men	4,990	5,117	5,073	5,083	93	1.9
Women	4,530	5,443	5,537	5,714	1,184	26.1
White (Non-Hispanic)	7,827	8,556	8,484	8,552	725	9.3
Men	4,136	4,163	4,069	4,008	(128)	-3.1
Women	3,691	4,393	4,415	4,544	853	23.1
Black (Non-Hispanic)	950	1,028	995	995	45	4.7
Men	436	433	408	401	(35)	-8.0
Women	514	595	587	594	80	15.6
Hispanic	357	438	495	569	212	59.4
Men	194	213	233	266	72	37.1
Women	163	225	262	303	140	85.9
Asian/Pacific Islander	173	253	343	394	221	127.7
Men	94	133	183	210	116	123.4
Women	79	120	160	184	105	132.9
American Indian	70	79	78	84	14	20.0
Men	36	36	35	37	1	2.8
Women	34	43	43	47	13	38.2
TOTAL	100.0	100.0	100.0	100.0		
Men	52.4	48.5	47.8	47.1		
Women	47.6	51.5	52.2	52.9		
White (Non-Hispanic)						
Men	43.4	39.4	38.4	37.1		
Women	38.8	41.6	41.6	42.1		
Black (Non-Hispanic)						
Men	4.6	4.1	3.8	3.7		
Women	5.4	5.6	5.5	5.5		
Hispanic						
Men	2.0	2.0	2.2	2.5		
Women	1.7	2.1	2.5	2.8		
Asian/Pacific Islander						
Men	1.0	1.3	1.7	1.9		
Women	0.8	1.1	1.5	1.7		
American Indian						
Men	0.4	0.3	0.3	0.3		
Women	0.4	0.4	0.4	0.4		

NOTE : Frequencies and percents may not add to TOTAL due to rounding.

*TOTAL includes non resident aliens who are not shown separately.

SOURCE: Totals for each racial/ethnic group are from the Center for Education Statistics Report: Trends in Minority Enrollment in Higher Education, 1976-1986.

Estimates by gender were derived by the Analysis and Evaluation Branch, Division of Disadvantaged Assistance, Bureau of Health Professions based on distributions by gender published by the Center for Education Statistics in Digest of Education Statistics, 1987 Table 131.

*U.S. Government Printing Office : 1989 - 241-256/81034